

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Family Planning Clinics
TAKE CHARGE Providers
Managed Care Organizations

Memorandum No: 06-77
Issued: October 3, 2006

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information, contact:
800.562.3022 or go to:
<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Reproductive Health Services, Family Planning Only Program and TAKE CHARGE Program: Coverage Table and Fee Schedule Updates

Retroactive to dates of service on and after July 1, 2006, the Health and Recovery Services Administration (HRSA) has updated the table of contents, important contacts, coverage table, and rates for Reproductive Health Services, Family Planning, and TAKE CHARGE programs.

What has Changed

HRSA has updated the Reproductive Health Services, Family Planning Only and TAKE CHARGE program table of contents, important contacts and coverage table. The fee schedule also has been updated to reflect corrected fees for CPT codes 36415, 36416, 88174 and 88175. Visit HRSA's web site at <http://maa.dshs.wa.gov>. To view the current fee schedule, click on *Provider Publications/Fee Schedules*, then *Accept*, then *Fee Schedules*.

Place of Service

Reminder: Effective July 1, 2006, all claims submitted to HRSA must include the appropriate Medicare **two-digit place of service code**. HRSA will deny claims with a single-digit place of service code.

National Drug Code Requirement

Effective for dates of service on and after May 1, 2006, HRSA will require providers to include the 11-digit NDC for any covered drugs administered in their offices.

National Correct Coding Initiative

HRSA continues to implement the National Correct Coding Initiative (NCCI) policy. The Centers for Medicare and Medicaid Services (CMS) created this policy to promote national correct coding methods. NCCI assists HRSA to control improper coding that may lead to inappropriate payment. HRSA bases coding policies on:

- The American Medical Association's (AMA) Current Procedural Terminology (CPT[®]) manual;
- National and local policies and edits;
- Coding guidelines developed by national professional societies;
- The analysis and review of standard medical and surgical practices; and
- Review of current coding practices.

HRSA may perform a post-pay review on any claim to ensure compliance with NCCI. Visit the NCCI on the web at <http://www.cms.hhs.gov/physicians/cciedits>.

Billing Instructions Replacement Pages

Attached are updated replacement table of contents, important contacts, coverage table and new fee schedule appendix for *Reproductive Health Services, Family Planning Only Program and TAKE CHARGE Program* Billing Instructions.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the ***Billing Instructions/Numbered Memoranda*** or ***Provider Publications/Fee Schedules*** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
 - a) Click ***General Store***.
 - b) If a **Security Alert** screen is displayed, click **OK**.
 - i. Select either ***I'm New*** or ***Been Here***.
 - ii. If new, fill out the registration and click ***Register***.
 - iii. If returning, type your email and password and then click ***Login***.

- c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Health and Recovery Services Administration*.
 - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Document Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX 360.586.6361/telephone 360.586.6360. (Orders may take up to 2 weeks to fill.)

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Important Contacts

A provider may use HRSA's toll-free lines for questions regarding its programs; however, HRSA's response is based solely on the information provided to the [HRSA] representative at the time of the call or inquiry, and in no way exempts a provider from following the rules and regulations that govern HRSA's programs. [WAC 388-502-0020(2)].

Who do I contact to obtain information on becoming a HRSA-Approved Family Planning Provider?

Family Planning Program Manager:
Phone: 360.725.1664; or

TAKE CHARGE program manager:
Phone: 360.725.1652

Who do I contact if I am an HRSA-Approved Family Planning Provider and I want to submit a change of address or ownership, or find out about the status of a provider application?

Provider Enrollment:
<http://maa.dshs.wa.gov/provrel/> or
Phone: 866.545.0544 (toll free)

Who do I contact if I am a TAKE CHARGE provider and I want to submit a change of address, phone number, or fax number?

Family Planning program manager:
Phone: 360.725.1664; or

TAKE CHARGE program manager:
Phone: 360.725.1652

Where can I get the TAKE CHARGE Application DSHS form # 13-781?

To **download** DSHS forms, visit:
<http://www1.dshs.wa.gov/msa/forms/eforms.html>
scroll down to form # 13-781.

To **have a copy mailed**, contact:
DSHS Forms Management
Phone: 360.664.6047 or
Fax: 360.664.6186
Include in your request:

- Form number and name;
- Quantity desired;
- Your name and your office name; and
- Your full mailing address.

How do I obtain information regarding the Family Planning program?

Visit the Family Planning Resources link on HRSA's web site:
<http://maa.dshs.wa.gov/familyplan/>

E-mail the Provider Relations unit:
providerinquiry@dshs.wa.gov

Family Planning program manager
Family Services Section
PO Box 45530
Olympia, WA 98504-5530
Phone: 360.725.1664

Family Planning Services Coverage Table

Note: For billable codes and fees for Reproductive Health Services, refer to the *Physician-Related Billing Instructions*. Only the provider who rendered the services is allowed to bill for those services except in the case where a client self-refers outside of managed care for family planning services.

Office Visits

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	99201		Office/outpatient visit, new		
	99202		Office/outpatient visit, new		
	99203		Office/outpatient visit, new		
	99204		Office/outpatient visit, new		
	99205		Office/outpatient visit, new		
	99211		Office/outpatient visit, est		
	99212		Office/outpatient visit, est		
	99213		Office/outpatient visit, est		
	99214		Office/outpatient visit, est		
	99215		Office/outpatient visit, est		

Prescription Birth Control Methods

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
Oral Contraceptives					
	S4993		Contraceptive pills for birth control		[1 unit = each 30-day supply] (Seasonale should be billed as 3 units.)
Cervical Cap/Diaphragm					
	A4261		Cervical cap for contraceptive use		
	A4266		Diaphragm		
	57170		Fitting of diaphragm/cap		

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Coverage Table

HRSA-Approved Family Planning Providers

Prescription Birth Control Methods (Continued)

Code Status Indicator	Procedure Code	Modifier	Description	EPA/PA	Policy/Comments
Implant					
	11976		Removal of contraceptive capsule		
Injectables					
	J1055		Medroxyprogesterone acetate inj for contraceptive use, 150 mg (<i>Depo-Provera</i>)		Allowed once every 67 days.
	90772		Ther/proph/diag inj, sc/im (Specify substance or drug)		May not be billed with an office visit.
Intrauterine Devices (IUD)					
	J7300		Intrauterine copper device (<i>Paragard</i>)		
	J7302		Levonorgestrel-releasing IUD (<i>Mirena</i>)		
	58300		Insertion of intrauterine device (IUD)		
	58301		Removal of intrauterine device (IUD)		
Miscellaneous Contraceptives					
	J7303		NuvaRing contraceptive ring, each		
	J7304		Ortho-Evra contraceptive patch, each		

Non-Prescription Over-the-Counter (OTC) Birth Control Methods

Code Status Indicator	Procedure Code	Modifier	Description	EPA/PA	Policy/Comments
	A4267		Male condom, each		
	A4268		Female condom, each		
	A4269		Spermicide (e.g. foam, gel), each		Includes vaginal film and sponge

Note: HRSA reimburses for FDA-approved family planning products and supplies only.

Unlisted Contraceptive Drugs and Supplies

When billing for a contraceptive drug or contraceptive supply that does not have a dedicated HCPCS or CPT code, providers must bill HRSA for the contraceptive using HRSA's Expedited Prior Authorization (EPA) process. The claim also must include the 11-digit NDC of the drug given.

The EPA process allows HRSA to use a nine-digit prior EPA number to identify, track, and appropriately pay for an unlisted contraceptive. The nine-digit EPA number must be listed in the "Prior Authorization Number" field of the claim form (for example, Box 23 of a HCFA-1500 claim form).

The first five digits of all HRSA EPA numbers are **87000**. The last four digits of the EPA number identify the exact contraceptive supplied.

Family Planning Clinics may no longer bill HRSA for an unlisted contraceptive drug or supply using J3490 or J3490-FP *without an EPA number*. If HRSA has not yet established an EPA number for a particular contraceptive drug or supply, contact the Family Planning or TAKE CHARGE Program Managers to have an EPA number established for the new product. (See [Important Contacts](#) on page iv.)

HRSA has established coding and EPA number requirements for the contraceptive drugs and supplies listed in the following tables.

Emergency Contraceptive Pills

Providers must bill HRSA for emergency contraceptive pills as detailed below:

Code Status Indicator	HCPCS Code	Modifier	Description	EPA/PA	Policy/ Comments
	J3490		Unlisted drug	870001252	Use for <ul style="list-style-type: none"> • Plan B only; and • Each 1 unit equals one treatment

HRSA-Approved Family Planning Providers

Non-Drug Contraceptive Supplies

Providers must bill HRSA for unlisted non-drug contraceptive supplies as detailed below:

Code Status Indicator	HCPCS Code	Modifier	Description	EPA/PA	Policy/ Comments
	T5999	FP	Unlisted supply	870001253	Use for: <ul style="list-style-type: none"> • Cycle beads only; and • Each 1 unit equals one set of cycle beads
	99071	FP	Unlisted supply	N	Use for: <ul style="list-style-type: none"> • Natural family planning booklet only; and • Each 1 unit equals booklet.
	A4931	FP	Reusable, oral thermometer	870001254	Use for: <ul style="list-style-type: none"> • Basal thermometer only; and • Each 1 unit equals one thermometer.

Note: Do **not** use these EPA numbers when billing for any contraceptive or drug other than those listed in these tables.

Sterilization Procedures

A properly completed Sterilization Consent Form, DSHS 13-364, **must** be attached to any claim submitted with any of the following procedure codes. Click link to download the DSHS 13-364 http://www1.dshs.wa.gov/pdf/ms/forms/13_364a.pdf.

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	00840		Anesthesia for intraperitoneal procedures in lower abdomen		
	00851		Anesthesia for intraperitoneal procedure/tubal ligation		

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Coverage Table

Sterilization Procedures (Continued)

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	55250		Removal of sperm duct(s)		
	55450		Ligation of sperm duct		
	58600		Division of fallopian tube		
	58615*		Occlude fallopian tube(s)		
	58670		Laparoscopy, tubal cautery		
	58671*		Laparoscopy, tubal block		

* HRSA reimburses for external occlusive devices **only** such as band, clip, or *Falope* ring. HRSA does not reimburse for occlusive devices introduced into the lumen of the fallopian tubes.

Note: Sterilization procedures and any initial visits must be billed with ICD-9-CM diagnosis code V25.2.

Radiology Services

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	76075 *		Dual energy x-ray absorptiometry (DXA)		See fee schedule in Physician-Related Services Billing Instructions (BI)
	76076 *		Radius, wrist-heel		See fee schedule in Physician-Related Services BI
	76830		Ultrasound, transvaginal		
	76830	26	Professional Component		
	76830	TC	Technical Component		
	76856		Ultrasound, pelvic, complete		

Radiology Services (Continued)

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	76856	26	Professional Component		
	76856	TC	Technical Component		
	76857		Ultrasound, pelvic, limited		
	76857	26	Professional Component		
	76857	TC	Technical Component		
	76977 *		Ultrasound bone density measurement and interpretation, peripheral site(s)		See fee schedule in Physician-Related Services BI

* Only covered according to standards of care for clients using or considering Depo-Provera.

Note: Radiology services to be performed by radiologists only; HRSA reimburses only radiologist for these services.

Laboratory Services

Reminder: All laboratory services billed for TAKE CHARGE and Family Planning Only clients must be directly related to the safe, effective and successful use of the client's chosen birth control method.

Bill for laboratory services that you actually perform unless the client is a self-referred managed care client. You may do pass-through billing only for a self-referred managed care client. Otherwise, pass-through billing is not permitted.

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	G0101		CA screen; pelvic/breast exam		
	36415		Drawing blood venous		
	36416		Drawing blood capillary		
	80061		Lipid profile		
	80076		Hepatic function panel		
	81000		Urinalysis, nonauto w/scope		

Laboratory Services (Continued)

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	81001		Urinalysis, auto w/scope		
	81002		Urinalysis nonauto w/o scope		
	81003		Urinalysis, auto, w/o scope		
	81025		Urine pregnancy test		
	82120		Amines, vaginal fluid, qualitative		
	82465		Assay, bld/serum cholesterol		
	83718		Lipoprotein, direct measurement; high density cholesterol (HDL)		
	84132		Potassium; serum		
	84146		Prolactin		
	84443		Thyroid stimulating hormone (TSH)		
	84703		Chorionic gonadotropin assay		
	85013		Hematocrit		
	85014		Hematocrit		
	85018		Hemoglobin		
	85025		Automated hemogram		
	85027		Automated hemogram		
	86255		Fluorescent antibody, screen		
	86255	26	Professional Component		
	86631		Chlamydia antibody		
	86632		Chlamydia igm antibody		
	86692		Hepatitis, delta agent		
	86706		Hep b surface antibody		
	87110		Chlamydia culture		
	87140		Culture type immunofluoresc		
	87147		Culture type, immunologic		
	87210		Smear, wet mount, saline/ink		
	87270		Infectious agent antigen detection by immunofluorescent technique; chlamydia trachomatis		

Laboratory Services (Continued)

Code Status Indicator	Procedure Code	Modifier	Description	EPA/ PA	Policy/ Comments
	87320		Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative; chlamydia trachomatis		
	87340		Hepatitis b surface ag, eia		
	87490		Chylmd trach, dna, dir probe		
	87491		Chylmd trach, dna, amp probe		
	87590		N.gonorrhoeae, dna, dir prob		
	87591		N.gonorrhoeae, dna, amp prob		
	87810		Chylmd trach assay w/optic		
	88141		Cytopath, c/v, interpret		
	88142		Cytopath, c/v, thin layer		
	88143		Cytopath, c/v, thin lyr redo		
	88147		Cytopath, c/v, automated		
	88148		Cytopath, c/v, auto rescreen		
	88150		Cytopath, c/v, manual		
	88152		Cytopath, c/v, auto redo		
	88153		Cytopath, c/v, redo		
	88154		Cytopath, c/v, select		
	88164		Cytopath tbs, c/v, manual		
	88165		Cytopath tbs, c/v, redo		
	88166		Cytopath tbs, c/v, auto redo		
	88167		Cytopath tbs, c/v, select		
	88174		Cytopath, c/v auto, in fluid		
	88175		Cytopath, c/v auto fluid redo		
	88300		Level I surgical pathology, gross examination only		
	88302		Tissue exam by pathologist, level II		
	88302	26	Professional Component		
	88302	TC	Technical Component		

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Coverage Table

Injectable Drugs and Injection Fee

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.) The following drugs are the only ones reimbursed to department-approved family planning clinics. All other covered drugs must be obtained and billed by a pharmacy, see page C.20.

Code Status Indicator	Procedure Code	Modifier	Description	EPA/PA	Policy/Comments
	90772		Ther/proph/diag inj. sc/im (Specific substance or drug)		Do not bill with office visit
	J0456		Azithromycin inj, 500 mg		
	J0580		Penicillin g benzathine inj		
	J0690		Cefazolin sodium inj, 500 mg		
	J0694		Cefoxitin sodium inj, 1 g		
	J0696		Ceftriaxone sodium inj, 250 mg		
	J0697		Sterile cefuroxime inj, 750 mg		
	J0698		Cefotaxime sodium inj, per gram		
	J0710		Cephapirin sodium inj, up to 1 g		
	J1055		Medroxyprogesterone acetate inj (Depo-Provera).		Allowed once every 67 days.
	J1890		Cephalothin sodium inj, up to 1 g		
	J2460		Oxytetracycline inj, up to 50 mg		
	J2510		Penicillin g procaine inj, to 600,000 u		
	J2540		Penicillin g potassium inj, to 600,000 u		
	J3320		Spectinomycin di-hcl inj, up to 2 g		
Oral Medication					
	Q0144		Azithromycin dihydrate, oral, 1 g		
	J3490		Unlisted drugs	87000 1252	Use for: <ul style="list-style-type: none"> Plan B only; and Each 1 unit equals one treatment

TAKE CHARGE Clients Only

Code Status Indicator	HCPCS Code	Modifier	Description	EPA/ PA	Policy/ Comments
	T1023	FP	Intake Assessment		(Use for application assistance) <i>Only for TAKE CHARGE clients</i> Once per year of eligibility
	S9445	FP	PT education noc individ		(Use for Women – ECRR) <i>Only for TAKE CHARGE clients.</i> Once every 10 months
	S9445	FP	PT education noc individ		(Use for Men – ECRR) <i>Only for TAKE CHARGE clients.</i> Once per calendar year

The HRSA-Approved Family Planning Provider Fee Schedule (previously found on pages D.1 – D.8) is now located in the appendix. To view or download the Fee Schedule, click [Appendix](#).

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